

# Onslow County Schools

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## Board of Education

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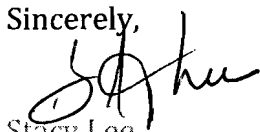
April 11, 2012

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Dear Ms. Dortch,

Please find enclosed documentation for a Request for Waiver and Appeal for Onslow County Schools and the "Learning on the Go" EDU2011 pilot program .

Sincerely,



Stacy Lee

CTO

Onslow County Schools

No. of Copies rec'd 0  
List ABCDE

**Before the  
Federal Communications Commission  
Washington, DC 20554**

In the Matter of	)	
	)	
Requests for Waiver and Review of	)	
Decisions of the	)	
Universal Service Administrator for	)	
	)	
Onslow County School District	)	
FCCRN: 0012006169	)	File Nos. SLD- 801470
	)	
	)	
Schools and Libraries Universal	)	
Service Support Mechanism	)	CC Docket No. 02-6

April 11, 2012

**Request for Review and Waiver**

The Onslow County School District respectfully requests review and waiver of the Commission's rules (section 54.504), regarding USAC's FCC Form 486 filing deadline, and any other USAC procedural deadlines that might be necessary, in order to correct clerical matters on the District's Form 471 application number 801470, FRNs 2171800 and 2195729, for the EDU 2011 Pilot Project sponsored by the Federal Communications Commission "Learning On The Go" initiative.

The category of service was changed from Telecommunications to Internet access during application review. The District followed an approved service and provider selection process which resulted in utilizing established state contract. This is permitted by program rules and under N.C. General Statute 147-33.96(b). The Office of Information Technology Services (ITS) is a state agency and has procurement authority for all Information Technology contracting on behalf of executive branch agencies. ITS is also a service provider for Internet Services as described in the Eligible Service List.

Changing the category of service effectively resulted in an application in which the billed entity and service provider were the same; this is not consistent with program rules (see BEN #127005). The District agreed to change the service category on the application without recognizing the abovementioned inconsistency. This inconsistency was not identified or known to all affected persons or entities for many months. In order for Onslow County Schools to correct this clerical error and benefit from their "Learning On The Go" funding the FCC Form 471 application should be modified to reflect that Onslow County Schools is the billed entity and that North Carolina Office of Information Technology Services (SPIN #143004930) is the provider of the Internet access services. ITS bills Onslow directly for the services and copies of representative bills are enclosed.

Making these changes to the Form 471 would allow the Form 486 to be filed and move this critical funding on to the next level for Onslow County School children. Therefore, Onslow County Schools respectfully requests suspension of applicable rules, approval of an

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amendment to its application and acceptance of the Form 486 filed consistent with the amended application.

If there are any other questions or concerns that arise, we are more than willing and able to answer.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Stacy C. Lee", written over the printed name.

Stacy C. Lee  
Chief Technology Officer  
Onslow County Schools

FCC Form 471

Approval by OMB  
3060-0806**Schools and Libraries Universal Service  
Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl).) The instructions include information on the deadlines for filing this application.

<b>Applicant's Form Identifier (Create an identifier for your own reference)</b> NETBOOKS	<b>Form 471 Application #:</b> 801470 (To be assigned by administrator)
<b>Block 1: Billed Entity Address and Identifications</b>	
<b>1 Name of Billed Entity</b> NORTH CAROLINA OFFICE OF INFORMATION TECHNOLOGY SERVICES	
<b>2 Funding Year</b> 2011	
<b>3a Entity Number</b> 162994	
<b>3b FCC Registration Number</b> 0011654100	
<b>4a Street Address, P.O. Box, or Route Number</b> 3700 WAKE FOREST ROAD, PO BOX 17209	
<b>City</b> RALEIGH <b>State</b> NC <b>Zip Code</b> 27619-7209	
<b>4b Telephone Number (919)</b> 981-5229	
<b>4c Fax Number (919)</b> 981-5257	
<b>5a Type of Application (check only one)</b> <input type="radio"/> Individual School (Individual public or non-public school) <input checked="" type="radio"/> School District (LEA; public or non-public (e.g. diocesan) local district representing multiple schools) <input type="radio"/> Library (Including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (Intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state	
<b>5b Recipient(s) of Services:</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency	
<b>Entity Number:</b> 162994	<b>Applicant's Form Identifier:</b> NETBOOKS
<b>Contact Person:</b> Chris Jardine	<b>Contact Phone Number:</b> (910) 456-2211
<b>Block 1: Billed Entity Address and Identifications (continued)</b>	
<b>6a Contact Person's Name</b> Chris Jardine	
If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.	
<b>6b Street Address, P.O. Box, or Route Number</b> NOTE: USAC will use this address to mail correspondence about this form. 200 Broadhurst Rd. <b>City</b> Jacksonville <b>State</b> NC <b>Zip Code</b> 28540-	
Check the box next to your preferred mode of contact and provide your contact information. One box <b>MUST</b> be checked and an entry provided. <input type="checkbox"/> 6c Telephone Number (910) 455 - 2211 Ext. 20511 <input type="checkbox"/> 6d Fax Number (910) 455 - 0377 <input checked="" type="checkbox"/> 6e E-Mail Address <a href="mailto:chris.jardine@onslow.k12.nc.us">chris.jardine@onslow.k12.nc.us</a> Re-enter E-mail Address <a href="mailto:chris.jardine@onslow.k12.nc.us">chris.jardine@onslow.k12.nc.us</a>	
<b>6f Holiday/vacation/summer contact information:</b> please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address	
If a consultant is assisting you with your application process, please complete Item 6g below:	
<b>6g Consultant Name</b> Name of Consultant's Employer Consultant's Street Address  City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number	
<b>Entity Number:</b> 162994	<b>Applicant's Form Identifier:</b> NETBOOKS
<b>Contact Person:</b> Chris Jardine	<b>Contact Phone Number:</b> (910) 456-2211

Block 3:

8 (Reserved)

Entity Number: 162894										Applicant's Form Identifier: NETBOOKS				
Contact Person: Chris Jardine										Contact Phone Number: (810) 485-2211				
Block 4: Discount Calculation Worksheet										Worksheet - 1335588 Page 1 of 1				

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☒ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):  
 School District or Library System Name: \_\_\_\_\_ (For Administrator's Use)  
 School District or Library System Entity Number: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NSES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	All Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate code(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, O = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
DIXON ELEMENTARY SCHOOL	29700 37 03460 02270	U	722	384	53.186%	80	N	N	N	57760				
STATESIDE ELEMENTARY	18061416 37 30450	U	597	234	39.196%	60	N	N	N	35820				
DIXON MIDDLE SCHOOL	29702 37 03460 02271	U	572	252	44.056%	60	N	N	N	34320				
SUMMERSBILL ELEMENTARY SCHOOL	29789 37 03460 01432	U	650	343	52.769%	80	N	N	N	52000				
SOUTH-WEST MIDDLE SCHOOL	29800 37 03450 02273	U	545	283	51.927%	80	N	N	N	43600				
NORTH-WOODS PARK MIDDLE SCHOOL	29801 37 03450 01426	U	749	322	42.991%	60	N	N	N	44940				
PARKWOOD ELEMENTARY SCHOOL	29802 37 03450 01427	U	618	208	33.657%	50	N	N	N	30900				
THOMPSON ELEMENTARY SCHOOL	29805 37 03460	U	239	181	67.364%	80	N	N	N	19120				
NORTHWOODS ELEMENTARY SCHOOL	29807 37 03450 01425	U	427	287	67.213%	80	N	N	N	34160				
CLYDE BRWIN ELEMENTARY SCHOOL	29809 37 03450 01419	U	539	347	64.378%	80	N	N	N	43120				
BELL FORK ELEMENTARY SCHOOL	29810 37 03460 01417	U	498	295	59.237%	80	N	N	N	39640				
JACKSONVILLE HIGH SCHOOL	29811 37 03450 01423	U	1101	406	36.876%	60	N	N	N	66080				
BLUE CREEK ELEMENTARY SCHOOL	29812 37 03450 01418	U	445	261	58.652%	80	N	N	N	35600				
SOUTHWEST HIGH SCHOOL	29813 37 03450 01431	U	718	322	44.847%	60	N	N	N	43080				
SOUTHWEST ELEMENTARY SCHOOL	29815 37 03450 01233	U	845	421	49.822%	80	N	N	N	67600				
HUNTERS CREEK ELEMENTARY SCH	29817 37 03450 02338	U	576	362	62.847%	80	N	N	N	46080				
HUNTERS CREEK MIDDLE SCHOOL	29818 37 03450 02272	U	774	337	43.540%	60	N	N	N	46440				
JACKSONVILLE COMMONS MID SCH	29819 37 03450 01422	U	745	378	50.738%	80	N	N	N	59800				
JACKSONVILLE COMMONS ELEM	29820 37 03450 01931	U	736	410	55.707%	80	N	N	N	58880				
WHITE OAK HIGH SCHOOL	29822 37 03450 01440	U	1139	331	29.061%	50	N	N	N	56950				
MORTON ELEMENTARY SCHOOL	29823 37 03450 01424	U	614	306	50.163%	80	N	N	N	49120				
SILVERDALE ELEMENTARY SCHOOL	29828 37 03450 01430	U	435	237	54.483%	80	N	N	N	34800				
RICHLANDS ELEMENTARY SCHOOL	29860 37 03460 01428	U	703	313	44.523%	60	N	N	N	42180				
TREXLER MIDDLE SCHOOL	29862 37 03460 01438	U	836	369	44.139%	60	N	N	N	50160				
RICHLANDS HIGH SCHOOL	29863 37 03450 01429	U	1057	337	31.883%	50	N	N	N	52850				
SWANBORO HIGH SCHOOL	29871 37 03450 01434	U	1050	319	30.381%	50	N	N	N	52500				
SWANBORO ELEMENTARY SCHOOL	29872 37 03450 01436	U	454	173	38.106%	60	N	N	N	27240				
SWANBORO MIDDLE SCHOOL	29873 37 03450 01435	U	865	373	43.121%	60	N	N	N	51900				
SAND RIDGE ELEMENTARY SCHOOL	195329 37 03450 02404	U	531	263	49.529%	80	N	N	N	42480				
QUEENS CREEK ELEMENTARY	203626 37 03450 02403	U	673	349	51.857%	80	N	N	N	53840				
NEW RIDGE MIDDLE SCHOOL	203627 37 03450 02402	U	537	170	31.657%	50	N	N	N	26850				
NORTH-SIDE HIGH SCHOOL	227332 37 03450 02588	U	883	340	39.397%	60	N	N	N	51780				
RICHLANDS PRIMARY	227333 37 03450 02589	U	818	395	48.289%	60	N	N	N	49080				
ON-SLOW COUNTY	16030388	U	0	0	0.000%	60	N	N	N	0				

Column 11 by the total of Column 4. Enter the result in Column 15.														
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 162894		Applicant's Form Identifier: NETBOOKS			
Contact Person: Chris Jardine		Contact Phone Number: (810) 456-2211			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 2  FRN 2171811 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service ( only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           PRIORITY 1  <input checked="" type="checkbox"/> Telecommunications Service  <input type="checkbox"/> Internet Access         </td> <td style="width: 50%;">           PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of internal Connections         </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of internal Connections	23 Calculations	
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of internal Connections				
12 Form 470 Application Number 550380000897653		A. Monthly charges (total amount per month for service) \$40,990.00			
13 SPIN - Service Provider Identification Number 143006895		B. How much of the amount in A is ineligible? \$0.00			
14 Service Provider Name  Sprint Communications Co. L.P.		C. Eligible monthly pre-discount amount (A minus B) \$40,990.00			
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		D. Number of months service provided in funding year 12			
15b Contract Number MTM		E. Annual pre-discount amount for eligible recurring charges (C x D) \$491,880.00			
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		F. Annual non-recurring charges \$0.00			
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		G. How much of the amount in F is ineligible? \$0.00			
16a Billing Account Number (e.g., billed telephone number) 910-455-2211		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00			
16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		I. Total funding year pre-discount amount (E + H) \$491,880.00			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/26/2011		J. Discount from Block 4 Worksheet 66.00			
18 Contract Award Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J) \$324,640.80			
19 Service Start Date (mm/dd/yyyy) 07/01/2011					
20a Service End Date (mm/dd/yyyy) 06/30/2012					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. ATTACHMENTC					
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1335585			



Entity Number: 162984		Applicant's Form Identifier: NETBOOKS	
Contact Person: Chris Jardine		Contact Phone Number: (810) 465-2211	

Block 5: Discount Funding Request(s)  
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 2  
FRN 2185729  
(to be assigned by administrator)

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

<p>11 Category of Service (only ONE category should be checked)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">           PRIORITY 1  <input checked="" type="checkbox"/> Telecommunications Service  <input type="checkbox"/> Internet Access         </td> <td style="width: 50%;">           PRIORITY 2  <input type="checkbox"/> Internet Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internet Connections         </td> </tr> </table> <p>12 Form 470 Application Number 550380000697853</p> <p>13 SPIN - Service Provider Identification Number 143000677</p> <p>14 Service Provider Name Verizon Wireless</p> <p>15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.</p> <p>15b Contract Number MTM</p> <p>15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).</p> <p>15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:</p> <p>16a Billing Account Number (e.g., billed telephone number) 9104552211</p> <p>16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.</p> <p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/25/2011</p> <p>18 Contract Award Date (mm/dd/yyyy)</p> <p>19 Service Start Date (mm/dd/yyyy) 07/01/2011</p> <p>20a Service End Date (mm/dd/yyyy) 06/30/2012</p> <p>20b Contract Expiration Date (mm/dd/yyyy)</p>	PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internet Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internet Connections	<p>23 Calculations</p> <p><b>Recurring Charges</b></p> <p>A. Monthly charges (total amount per month for service) \$18,076.59</p> <p>B. How much of the amount in A is ineligible? \$0.00</p> <p>C. Eligible monthly pre-discount amount (A minus B) \$18,076.59</p> <p>D. Number of months service provided in funding year 12</p> <p>E. Annual pre-discount amount for eligible recurring charges (C x D) \$216,919.08</p> <p><b>Non-Recurring Charges</b></p> <p>F. Annual non-recurring charges \$0.00</p> <p>G. How much of the amount in F is ineligible? \$0.00</p> <p>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00</p> <p><b>Total Charges</b></p> <p>I. Total funding year pre-discount amount (E + H) \$216,919.08</p> <p>J. Discount from Block 4 Worksheet 66.00</p> <p>K. Funding Commitment Request (I x J) \$143,166.59</p>
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internet Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internet Connections		

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment  
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. ATTACHMENT C

22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1335585
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<b>Entity Number:</b> 162884	<b>Applicant's Form Identifier:</b> NETBOOKS
<b>Contact Person:</b> Chris Jardine	<b>Contact Phone Number:</b> (810) 455-2211

**Block 6: Certifications and Signature**

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internet connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23i on all Block 5 Discount Funding Requests.)	706799.08
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	467807.39
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	240991.69
d Total budgeted amount allocated to resources not eligible for E-rate support	2188791.81
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	2428793.5

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted (tariffed or month-to-month arrangements). I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 162994 Contact Person: Chris Jardine	Applicant's Form Identifier: NETBOOKS Contact Phone Number: (910) 455-2211
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**Block 6: Certification and Signature (Continued)**

31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.


33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person 	39 Date
---	---------

40 Printed name of authorized person Chris Jardine

41 Title or position of authorized person WAN Engineer

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number  
200 Broadhurst Rd.

City Jacksonville  
State NC Zip Code 28540-

Entity Number: 152994		Applicant's Form Identifier: NETBOOKS	
Contact Person: Chris Jardine		Contact Phone Number: (910) 456-2211	
42b	Telephone Number of authorized Person	(910) 455-2211	Ext. 20511
42c	Fax Number of Authorized Person	(910) 037-0377	
42d	E-mail Address of authorized Person	chris.jardine@onslow.k12.nc.us	
	Re-enter E-mail Address	chris.jardine@onslow.k12.nc.us	
42e	Name of Authorized Person's Employer	Onslow County Schools	

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

**Please submit this form to:**  
 SLD-Form 471  
 P.O. Box 7026  
 Lawrence, Kansas 66044-7026

**For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:**  
 SLD Forms  
 ATTN: SLD Form 471  
 3833 Greenway Drive  
 Lawrence, Kansas 66046  
 (888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

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Do not write in this area.

Application ID:801470

Entity Number	162994	Applicant's Form Identifier	NETBOOKS
Contact Person	Chris Jardine	Phone Number	910-455-2211

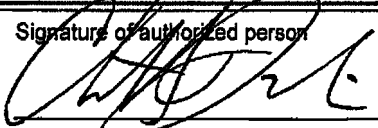
**Block 6: Certifications and Signature**

24. ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)
- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities.
25. ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23I on all Block 5 Discount Funding Requests.)	\$708,799.08
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)	\$467,807.39
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$240,991.69
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$2,188,791.81
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$2,429,783.50
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.	

26. ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
- Or ☐ I certify that no technology plan is required by Commission rules.
27. ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
28. ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
29. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30. ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
32. ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
33. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
34. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
35. ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).
36. ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
37. ☒ I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Signature of authorized person 	39. Signature Date 03/21/2011
40. Printed name of authorized person Chris Jardine	
41. Title or position of authorized person WAN Engineer <input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a. Street Address, P.O Box or Route Number 200 Broadhurst Rd. City, State Zip Code Jacksonville, NC 28540	
42b. Telephone number of authorized person: (910) 455-2211 , ext. 20511	
42c. Fax number of authorized person: (910) 037-0377	
42d. E-mail of authorized person: chris.jardine@onslow.k12.nc.us	
42e. Name of authorized person's employer Onslow County Schools	

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a



## Item 21 Attachment

### Telecommunications - Funding Year 2011

<b>Applicant Name</b>	NORTH CAROLINA OFFICE OF INFORMATION TECHNOLOGY SERVICES
<b>Billed Entity Number</b>	162994
<b>Form 471 Application Number</b>	801470
<b>Funding Request Number</b>	2171811
<b>Service Provider</b>	Sprint Communications Co. L.P.
<b>Attachment Number</b>	ATTACHMENTC
<b>Narrative description of this Funding Request</b>	Broadband access for Student Devices

Service Type	Service Description	Eligible Pre-Discount Cost
1 Cellular (including PCS)	1000 mobile devices for students	\$491,880.00
	<b>Number of Telecom Lines (If applicable)</b>	1000
	<b>Recurring Charges</b>	<b>Non Recurring Charges</b>
	<b>Monthly Recurring Charges</b>	<b>One-time non-recurring charges</b>
	\$40,990.00	\$0.00
	<b>Less Ineligible Amount (If any)</b>	<b>Less Ineligible Amount (If any)</b>
	\$0.00	\$0.00
	<b>Number of Months</b>	12
	<b>Eligible recurring charges</b>	<b>Eligible non-recurring charges</b>
	\$491,880.00	\$0.00
		<b>Line Item TOTAL \$491880</b>
	<b>Total:</b>	\$491,880.00
	<b>Funding Requested on 471:</b>	\$491,880.00

Date Submitted

3/21/2011 2:20:20 PM



## Item 21 Attachment

### Telecommunications - Funding Year 2011

<b>Applicant Name</b>	NORTH CAROLINA OFFICE OF INFORMATION TECHNOLOGY SERVICES
<b>Billed Entity Number</b>	162994
<b>Form 471 Application Number</b>	801470
<b>Funding Request Number</b>	2195729
<b>Service Provider</b>	Verizon Wireless
<b>Attachment Number</b>	ATTACHMENT C
<b>Narrative description of this Funding Request</b>	Broadband access for student devices

Service Type	Service Description	Eligible Pre-Discount Cost
1 Cellular (Including PCS)	441 mobile devices for students	\$216,919.08
	Number of Telecom Lines (If applicable)	441
	Recurring Charges	Non Recurring Charges
	Monthly Recurring Charges \$18,076.59	One-time non-recurring charges \$0.00
	Less Ineligible Amount (If any) \$0.00	Less Ineligible Amount (If any) \$0.00
	Number of Months 12	
	Eligible recurring charges \$216,919.08	Eligible non-recurring charges \$0.00
		Line item TOTAL \$216919.08
	Total:	\$216,919.08
	Funding Requested on 471:	\$216,919.08

Date Submitted

3/21/2011 2:23:35 PM



**Schools and Libraries Division**

Apr 28, 2011

Chris Jardine  
NORTH CAROLINA OFFICE OF  
INFORMATION TECHNOLOGY SERVICES  
Telephone:  
Application Number

(910) 4552211 Ext 20511  
801470

**Response Due Date: 5/13/2011**

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2011 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2011 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

Please be sure to answer the **3 main questions indicated by Roman Numerals.**

I. Based on the review of your FY 2011 Form 471 application **801470**, for FRN(s) **2171811** and **2195729** the documentation you provided in your Item 21 Attachments is not sufficient to determine the eligibility of your request. The documentation does not clearly identify the products/services being requested in this FRN.

**Please provide more detailed documentation that identifies the actual products and services being requested. Your documentation should identify the specific products and services such as make, model, and description of the product/service being delivered.** If you do not have this information, you will need to contact your vendor and request such documentation. The vendor should be able to provide you with detailed documentation regarding the products/services you are requesting.

Any documentation provided must be date on or before the FY 2011 Form 471 application filing window deadline and should clearly identify all of the ineligible charges that were cost allocated out of your request. If you are unable to justify the eligibility of charges requested on your Form 471, the funding request may be reduced or denied.

II. Based upon review of your FY2011 Form 471 application, we were not able to validate your requested discount percentage **for the entities below and their respective discounts.** In order to validate this discount percentage, please provide the appropriate documentation as described in the options listed below. This documentation must be dated on or before the close of the Form 471 application window in order for USAC to consider it.

**SUMMERSILL ELEMENTARY SCHOOL- 80%**  
**THOMPSON ELEMENTARY SCHOOL- 80%**  
**JACKSONVILLE HIGH SCHOOL- 60%**  
**CAROLINA FOREST ELEMENTARY- 60%**  
**STATESIDE ELEMENTARY-60%**

Option 1. If the school participates in the National School Lunch Program (NSLP), please provide a signed copy (preferably by the Principal, Vice-Principal, Superintendent or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month as part of their participation in the program. Make sure that the following three items are identified on the claim form:

- a. The entity name
- b. The total number of students enrolled at the entity
- c. The total number of students eligible for participation in the Free or Reduced Lunch Program for the entity

If the school district fills out an aggregate claim form for the school, please provide a signed letter on school letterhead from a school official (preferably the Superintendent or other chief school official) that lists the enrollment and Free/Reduced information for each school in the district. The enrollment and Free/Reduced information provided in your letter should match the information that appears on the claim form.

Option 2. If the discount percentage was determined by information obtained from an income survey or application (NSLP Lunch Application forms cannot be used as survey or application instruments), please provide the following information on school letterhead signed by a chief school official (such as the Principal, Vice Principal, Superintendent or Director of Food Services):

- a. Total number of students enrolled at the school
- b. Total number of surveys/applications sent out
- c. Total number of surveys/applications returned
- d. Total number of students qualified for participation in NSLP based upon the information provided in the returned surveys/applications
- e. Are the surveys/applications and results kept on file? ☐ Yes ☐ No
  - a. If so, for how long are they kept on file?

Provide a sample copy of a FILLED OUT SURVEY OR APPLICATION with the child's personal information crossed out for confidentiality. **Be advised that in order for a survey to be acceptable it must contain the family's name, student's name, the size of the family and the income level of the family.**

**With your response, please also include a signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5, Item 9a, of Block 4 of my FY2011 the Form 471 application."**

Option 3: (non-public schools): If the discount percentage was determined by information obtained from a financial aid form, please provide the following information in writing on school letterhead signed by a school official (such as the Principal, Vice Principal, Superintendent, or chief school official):

- a. Total number of students enrolled
- b. A statement that confirms "all students have access to financial aid forms
- c. A statement that confirms that financial aid applicants are required to submit Federal Tax forms to document family income
- d. A statement that confirms the number of students who meet the NSLP Income Guidelines
- e. A statement that confirms the number and percentage of eligible students that supports the requested E-Rate discount level
- f. A statement that confirms the school keeps all completed financial aid application on file.

The school must submit one completed financial aid application, with personal information blackened out. The financial aid application must have been completed within two years of the fund year window close.

**A signed certification that reads:** "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."

Option 4: Provide a letter from your State Department of Education (on state letterhead and signed by a chief official at the State Department of Education) verifying that the total student enrollment and the free and reduced figures you provided are accurate.

Option 5: Provide a letter from your State Food/ or Nutrition Service Authority officials (on state letterhead and signed by a chief official of the State or Nutrition Service Authority) verifying the total student enrollment and the free and reduced figures you provided are accurate.

Option 6: If the discount percentage was determined using a different method than any of the methods identified above, please clearly describe and explain the survey method that was used and provide all relevant data, forms, or other tools that were used during the survey process.

III. For FRN #2171811 and 2195729, the documentation provided is not sufficient to determine the eligibility of your request. The documentation does not sufficiently describe the category of service being requested. We cannot determine the eligibility of your request. Please review and respond to the following questions:

- You have indicated that the category of service for this FRN is TELECOMMUNICATION, but the documentation provided does not clearly indicate the category of service. Please confirm the category of service being requested. (i.e.: Telecommunications Services, Internet access.

The item 21 attachment states Internet Access.

**Please confirm the correct service type. If this should be changed to Internet Access please confirm in writing this change**

**AUTHORIZED SIGNATURE TO CHANGE TO INTERNET**

ACCESS

For additional information, refer to the USAC website at:  
<http://www.usac.org/sl/applicants/step08/service-category-adjustments.aspx>

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction or denial of funding.** If you need additional time to prepare your response, please let me know as soon as possible.

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s)

and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Mariely Trotta  
Schools & Libraries  
Phone # (973) 581-5289  
Fax # (973) 599-6521  
E-Mail: [mtrotta@sl.universalservice.org](mailto:mtrotta@sl.universalservice.org)

Report No TCS-711  
Program - TSLC

Information Technology Services  
Telecommunication Services - Monthly Expenses

Run date 01/11/2012  
Page 294

: DisCd 6-1097  
: Department QC67SCHL00000065  
: Invoice T111209212

- ONSCO - ONSLOW COUNTY SCHOOL E

Period ending - DEC 31, 2011

EDU 2011 Bill

: Expense Summary

Type of Expense	Amount
Cellular Charges.....	\$6,680.97
Total.....	\$6,680.97

Please send a copy of this cover sheet  
Include invoice number on a check payable to -  
Information Technology Services  
State Telecommunication Services

Standard agency vendor number - 56-2032825

Mail check to -  
Information Technology Services  
P.O. Box 17209  
Raleigh, NC 27619-7209

Attn - Accounts Receivable

\* Billing inquiries should be directed to:

ITS Customer Support Center:  
1-919-754-6000 or toll free 1-800-722-3946  
its.incidents@its.nc.gov

Approved for payment: \_\_\_\_\_

: DisCd 6-1097  
 : Department QC67SCHL00000065  
 : Invoice T111209212

-  
 - ONSCO - ONSLOW COUNTY SCHOOL E

Period ending - DEC 31, 2011

Employee Summary

Bill Number	Local Service	Inst/Svc /Maint	Voice Misc	WAN	SNA	Point to Point	Dial-Up Data	Long Distance	
	Virtual Service	1-800 Service	Calling Cards	Cellular Charges	Video Service	MISC /PassThru	ERATE	LAN	Total
910-320-5676	-	-	-	-	-	-	-	-	-
910-320-7390	-	-	-	46.86	-	-	-	-	46.86
910-320-7648	-	-	-	46.86	-	-	-	-	46.86
910-320-7708	-	-	-	46.86	-	-	-	-	46.86
910-320-7802	-	-	-	46.86	-	-	-	-	46.86
910-368-8988	-	-	-	46.86	-	-	-	-	46.86
910-368-8989	-	-	-	46.86	-	-	-	-	46.86
910-368-8992	-	-	-	46.86	-	-	-	-	46.86
910-368-8993	-	-	-	46.86	-	-	-	-	46.86
910-381-3174	-	-	-	46.86	-	-	-	-	46.86
910-381-3183	-	-	-	73.46	-	-	-	-	73.46
910-381-3254	-	-	-	46.86	-	-	-	-	46.86
910-381-3709	-	-	-	46.86	-	-	-	-	46.86

: DisCd 6-1097  
 : Department QC67SCHL00000065  
 : Invoice T111209212

-  
 - ONSCO - ONSLOW COUNTY SCHOOL E

Period ending - DEC 31, 2011

## Employee Summary

Bill Number	Local Service	Inst/Svc /Maint	Voice Misc	WAN	SNA	Point to Point	Dial-Up Data	Long Distance	Total
	Virtual Service	1-800 Service	Calling Cards	Cellular Charges	Video Service	MISC /PassThru	ERATE	LAN	
910-381-3867	-	-	-	-	-	-	-	-	46.86
910-381-3994	-	-	-	46.86	-	-	-	-	46.86
910-381-4024	-	-	-	46.86	-	-	-	-	46.86
910-381-4429	-	-	-	46.86	-	-	-	-	46.86
910-381-4683	-	-	-	46.86	-	-	-	-	46.86
910-381-4933	-	-	-	46.86	-	-	-	-	46.86
910-381-5354	-	-	-	46.86	-	-	-	-	46.86
910-381-6287	-	-	-	46.86	-	-	-	-	46.86
910-381-6545	-	-	-	46.86	-	-	-	-	46.86
910-381-7417	-	-	-	46.86	-	-	-	-	46.86
910-381-7464	-	-	-	48.47	-	-	-	-	48.47
910-381-7679	-	-	-	46.86	-	-	-	-	46.86
910-381-8330	-	-	-	46.86	-	-	-	-	46.86

: DisCd 6-1097  
 : Department QC67SCHL000000065  
 : Invoice T111209212

- ONSCO - ONSLOW COUNTY SCHOOL E

Period ending - DEC 31, 2011

Employee Summary

Bill Number	Local Service	Inst/Svc /Maint	Voice Misc	WAN	SNA	Point to Point	Dial-Up Data	Long Distance	
	Virtual Service	1-800 Service	Calling Cards	Cellular Charges	Video Service	MISC /PassThru	ERATE	LAN	Total
910-381-8589	-	-	-	46.86	-	-	-	-	46.86
910-381-8627	-	-	-	46.86	-	-	-	-	46.86
910-381-8697	-	-	-	46.86	-	-	-	-	46.86
910-381-9008	-	-	-	46.86	-	-	-	-	46.86
910-381-9672	-	-	-	46.86	-	-	-	-	46.86
910-381-9739	-	-	-	46.86	-	-	-	-	46.86
910-382-1862	-	-	-	46.86	-	-	-	-	46.86
910-382-2145	-	-	-	46.86	-	-	-	-	46.86
910-382-2457	-	-	-	46.86	-	-	-	-	46.86
910-382-2470	-	-	-	46.86	-	-	-	-	46.86
910-382-2489	-	-	-	46.86	-	-	-	-	46.86
910-382-2598	-	-	-	46.86	-	-	-	-	46.86
910-382-2630	-	-	-	46.86	-	-	-	-	46.86



: DisCd 6-1097  
 : Department QC67SCHL00000065  
 : Invoice T111209212

- ONSCO - ONSLOW COUNTY SCHOOL E

Period ending - DEC 31, 2011

Employee Summary

Bill Number	Local Service	Inst/Svc /Maint	Voice Misc	WAN	SNA	Point to Point	Dial-Up Data	Long Distance	
	Virtual Service	1-800 Service	Calling Cards	Cellular Charges	Video Service	MISC /PassThru	ERATE	LAN	Total
910-382-3023	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-3027	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-3073	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-3084	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-3299	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4061	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4230	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4286	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4397	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4464	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-4602	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-6043	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86
910-382-6175	-	-	-	-	-	-	-	-	-
	-	-	-	46.86	-	-	-	-	46.86